# **Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

This Form is Open to Public

Department of the Treasury Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 1000 calandar year OR tax year period hadinning \_\_\_\_ - \*\* ECRLOT \*\* C-005 91-1161701 1999 D Employer Identification number B Check if: ASSOCIATED RECREATION COUNCIL Change of ad GROUP RETURN 100 DEXTER AVE N NO E Telephone number Initial return SEATTLE. WA 98109-5102 206-684-707 Final return ☐ Amended ri thinh don ittimbly alder all local illimited by if exemption application (required als is pending state reporting) G Type of organization—▶ X Exempt under section 501(c)(、ろ ) ◄ (insert number) OR ▶ 🗍 section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). . X Yes I No H(a) is this a group return filed for affiliates? . 1 If either box in H is checked "Yes," enter four-digit group exemption number (GEN) > 52.75. (b) If "Yes," enter the number of affiliates for which this return is filed:, Accounting method: (c) is this a separate return filed by an organization covered by a group ruling? Tyes X No Other (specify) > Check here 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should tile a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.) Contributions, gifts, grants, and similar amounts received: a Direct public support **b** Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ \_\_\_\_\_\_) Program service revenue including government fees and contracts (from Part VII, line 93) JUN 29 ZUUL 3 4 Interest on savings and temporary cash investments Dividends and interest from securities . . . 6c c Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe > (A) Securities (B) Other 8a Gross amount from sales of assets other 8a 8b b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) . . . . d Net gain or (loss) (combine line 8c, columns (A) and (B)) , Special-events, and activities (attach schedule) Gross revenue (not including \$ 9a Less directe អ៊ូអ៊ូអ៊ូម៉ូន other than fundraising expenses 9b Net income or (loss) ក្តែក្រា special events (subtract line 9b from line 9a) Gross sales of inventory, less returns and allowances . . Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a), 11 Other revenue (from Part VII, line 103) . . . . 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)). 15 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . . . Total expenses (add lines 16 and 44, column (A)) 17 17 18 Excess or (deficit) for the year (subtract line 17 from line 12) . . . . . 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 20 Other changes in net assets or fund balances (attach explanation) . . . Net assets or fund balances at end of year (combine lines 18, 19, and 20) The Act Notice, see page 1 of the separate instructions. Fam 990

Cat. No. 11282Y

Paï	Statement of All organizations mu Functional Expenses and section 4947(a)	ist com (1) none	plete column (A). Column exempt charitable trusts t	ns (B), (C), and (D) are re out optional for others. (	quired for section 501(c) See Specific Instructions	(3) and (4) organizations on page 19.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25	<u></u>	71100120		
26	Other salaries and wages	26 27	<del></del>	3459277		
27	Pension plan contributions	28	<del></del>	39 636		
28	Other employee benefits	29		457 217		
29	Payroll taxes	30		1-262,021/		
30 31	Professional fundraising fees	31	<del> </del>			
31 32	Accounting fees	32		2		
33	Legal fees	33		831629		24 260
34	Telephone	34		8346		1-X-1-1-2-2-
35	Postage and shipping	35		18 443		
36	Occupancy	36		_		
37	Equipment rental and maintenance	37		159.391		
38	Printing and publications	38				
39	Travel	39		175 464		<del></del>
40	Conferences, conventions, and meetings	40				
41	Interest	41	<u> </u>			;
42	Depreciation, depletion, etc. (attach schedule)	42			<u> </u>	<u>-</u>
43	Other expenses (itemize): a	43a	<del>}</del>	70 000		<del></del>
b		43b	<del>,</del>	72,893		
C		43c	<del> </del>	542,625		
d		43d 43€	<del></del>	676 470		
е 44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	436	<del> </del>	7,10533L		24260 =
educ	orting of Joint Costs. Did you report in column cational campaign and fundraising solicitation? es," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$  [[III] Statement of Program Service Acce	s \$	; (ii) th	e amount allocated e amount allocated	to Program service: to Fundraising \$	Yes No
	t is the organization's primary exempt purpose?					Program Service
All o	rganizations must describe their exempt purpose are itents served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts	chieve ievem	ements in a clear ar ients that are not n	nd concise manner. neasurable. (Sectio	State the number n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusis; but optional for others)
a	PROGRAM COSTS FOR RECEI COMMUNITY CENTERS	ATI	TION ADVISOR OMAL ACTIL	24 CDUNCIL IITIES HEL	DAT	710000
ь ь		prants	and allocations	<b>D</b>	)	1102,00%
		Grants	and allocations	\$		
c	·		• • • • • • • • • • • • • • • • • • • •			
	,					
d .	(0	arants	and allocations	<del>*************************************</del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
•						
	(C	arants	and allocations	\$	)	
			and allocations	\$	)	
1	Total of Program Service Expenses (should equ	ıal lin	e 44, column (B),	Program services)		105336

Pa	ırt IV	Balance Sheets (See Specific Instruc	tions on page 22.)	•	-	
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		696,911	45	339,337
	46	Savings and temporary cash investments.		1260416	46	1,732,773
	47a	Accounts receivable	47a			
	ь	Less: allowance for doubtful accounts	47b		47c	, , ,
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b	<u> </u>	48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste (attach schedule)			50	
Assets	51a	Other notes and loans receivable (attach schedule).	51a			_
SS	b	Less: allowance for doubtful accounts	51b	ļ	51c	<u> </u>
A	52	Inventories for sale or use			52	<del> =</del>
	53	Prepaid expenses and deferred charges .			53 54	ļ_ <del></del>
	54	Investments—securities (attach schedule)	• • • • • • • •	<del></del>	54 /////	
		Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach	55b		55c	<b> </b>
	56	schedule),	330		56	<del></del>
	l	Land, buildings, and equipment: basis	57a			
	1	Less: accumulated depreciation (attach	}			
		schedule), , , , , , , , , , , , , , , , , , ,	57b	<del></del>	57c	
	58	Other assets (describe >	<del></del>		30	<del> </del>
	59	Total assets (add lines 45 through 58) (must	t equal line 74)	11957 327	59	2072 110
	60	Accounts payable and accrued expenses.			60	
	61	1 2.			61	· · · · · · · · · · · · · · · · · · ·
S	62	Deferred revenue		<u> </u>	62	· · · · · · · · · · · · · · · · · · ·
abilities	63	Loans from officers, directors, trustees, and schedule)	d key employees (attach		63	
Ë	64a	Tax-exempt bond liabilities (attach schedule)	)		64a	<u> </u>
	ь	Mortgages and other notes payable (attach			64b	
	65	Other liabilities (describe > payrale	Tojas)	21,426	65	55441
	66	Total liabilities (add lines 60 through 65) .	<del> </del>	31426	66	55941
S	Orga	anizations that follow SFAS 117, check here I 67 through 69 and lines 73 and 74.	and complete lines			1091873
ĕ	67	Unrestricted		<u> </u>	67 68	1971,000
ala	68	Temporarily restricted		<del></del>	69	18,340
P B	69	Permanently restricted		<del></del>		
or Fund Balances		anizations that do not follow SFAS 117, check complete lines 70 through 74.			70	
	70	Capital stock, trust principal, or current fund		<del></del>	71	<del></del>
ki.	71	Paid-in or capital surplus, or land, building,	• •	1022901	72	<del></del>
AS	72	Retained earnings, endowment, accumulate		1-1-00-1-01		
Net Assets	73	Total net assets or fund balances (add line 70 through 72; column (A) must equal line equal line 21)	19 and column (B) must	1925901	73	2016.169
	74	equal line 21)	1957327	74	2023 110	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Par	Reconciliation of Revenu Financial Statements with Return (See Specific Instru	n Revenue	per	Part	Fi	econciliation c inancial Staten eturn			
а	Total revenue, gains, and other support			а	Total exp	enses and lo	sses per		
	per audited financial statements >	a 721	986Y	}		ancial statemen		a	7,129,596
b	Amounts included on line <b>a</b> but not on line 12, Form 990:			b		ncluded on line Form 990:	a but not		
(1)	Net unrealized gains on investments \$			(1)	Donated and use of				
(2)	Donated services and use of facilities \$			(2)	Prior year ad reported on				
(3)	Recoveries of prior			(0)	Form 990	<u>\$</u>			
(4)	year grants 5 Other (specify):			(3)	Losses rep line 20, For	m 990 <b>\$</b>			
	<u>\$</u>			(4)	Other (spe				
	Add amounts on lines (1) through (4) >	b 0			Add amour	nts on lines (1) th	rough (4)≫	b	
С	Line a minus line b. , , , , , $\triangleright$	67219	ינינונונינוני	C	Line a min	us line b	, , .⊳	C	7129596
d	Amounts included on line 12, Form 990 but not on line a:			d		ncluded on line but not on line :			
(1)	Investment expenses not included on line			(1)	Investment not include	•			
	6b, Form 990 <b>\$</b>				6b, Form 99				
(2)	Other (specify):			(2)	Other (spe	cify): 			
	<u>\$</u>			1		<u>\$</u>			
	Add amounts on lines (1) and (2)	d O		1		nts on lines (1)		d	8
e	Total revenue per line 12, Form 990 (line c plus line d)	1 e 17219	7864	e	(line <b>c</b> plus	nses per line 17, s line <b>d</b> )	Form 990 ▶	l e	7129596
िव	List of Officers, Directors, T Instructions on page 24.)	rustees, a	nd Key	Empl				ensa	
	(A) Name and address		(B) Title a	and avera	age hours per to position	(C) Compensation (If not paid, enter	( <b>D</b> ) Contributions employee benefit p	lans &	(E) Expense account and other
Že.	e Albachmut (1)			<del></del>	<del></del>	-0}	deleried compens	airn	allowances
,					<del></del>		<u> </u>		
									<u> </u>
	······································	<del></del>		<del></del> .				_	
					<del> </del>				
					<del></del>	<u> </u>		_	
							ļ.		
••••									
75	Did any officer, director, trustee, or key en organization and all related organizations, of "Yes," attach schedule—see Specific	of which mor	e than \$1	0,000 v				ur D	☐ Yes ⋈ No

_				1
Ρ	а	О	Ю	- :

Form	aao (Jaaa)			age 🗸
Par	rt VI Other Information (See Specific Instructions on page 25.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		$\geq$
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	ann	<i></i>
	If "Yes," attach a conformed copy of the changes.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a		$\sim$
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		$\Diamond$
<b>79</b> .		79		
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	80a		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			ÚM)
D	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt.			
01-				
ота	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81			
b	Did the organization file Form 1120-POL for this year?	816		> <
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			$\bigvee$
	or at substantially less than fair rental value?	82a	mm.	
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in			
	Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b	$\Rightarrow$	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		X
	Did the organization solicit any contributions or gifts that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	or gifts were not tax deductible?  501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
-	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	7	1/A
-	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
q	Section 162(e) lobbying and political expenditures			
е	· · · · · · · · · · · · · · · · · · ·			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g		
g		309		1
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.	85h	Λ	V/A-
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A			
	Gross income from other sources. (Do not net amounts due or paid to other			
_	sources against amounts due or received from them.)		WW)	
88	At any time during the year, did the organization own a 50% or greater Interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	00	i i	X
	301.7701-2 and 301.7701-37 If "Yes," complete Part IX	88		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under; section 4911 ►; section 4912 ►; section 4955 ►			
h	section 4911 ►; section 4912 ►; section 4955 ►; section 4955 ►; section 4955 ►; section 4958 excess benefit transaction	enno.	,,,,,,,,	mm.
· D	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	] 1		\_
	a statement explaining each transaction.	89b		X.
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	. 1	, ,	
-	sections 4912, 4955, and 4958	<u> 10</u>	<u>ب (</u>	=
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>	NE	<u> </u>
90a	List the states with which a copy of this return is filed ▶ WASHINGTON	7777		
þ	Number of employees employed in the pay period that includes March 12, 1999 (See inst.) . [906] 5 The books are in care of Dolaris Citarion Telephone no >606 )	3	7	
91	The books are in care of DoLaris CHARLTON Telephone no > 600 b	(23	-/0	<i>\(\omega\)</i>
00	Located at > 100 DEXTER AVE N. 1 SPATTE, WA ZIP + 4 > 98/09-			د.ا
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• • •	

Peri	MI Analysis of Income-Producing Ac		<del></del>			
Ente	r gross amounts unless otherwise	Unrelated bus	siness Income	Excluded by sec	tion 512, 513, or 514	(E) Related or
indic	ated.	(A)	(B)	(C)	(D)	exempt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
а	PROGRAM FEES				 	5,914080
b						
C						
d						]
e				1	<u> </u>	
f	Medicare/Medicaid payments			1		
g g	Fees and contracts from government agencies	```				
94			<del></del>		<del> </del>	<del> </del>
95	Membership dues and assessments Interest on savings and temporary cash investments	1 4				66 986
96	Dividends and interest from securities					1
97	Net rental income or (loss) from real estate:					
a	debt-financed property			<del> </del>	<del></del>	<del> </del>
b	not debt-financed property	<b> </b>		<del> </del>		<del> </del>
98	Net rental income or (loss) from personal property	}	<del> </del>	<del> </del>	<del></del>	<del> </del>
99	Other investment income		<del></del>	<b></b>		<del> </del>
100	Gain or (loss) from sales of assets other than inventory	1		<del> </del>	<del></del>	<del> </del>
101	Net income or (loss) from special events			<del> </del>		<del></del>
102	Gross profit or (loss) from sales of inventory .				,	ļ
103	Other revenue: a	-	<del></del>	<u> </u>	<del></del>	<del></del>
b	<del></del>	-	<del></del>	ļ. <u></u> .	 	<b></b>
С		.				<u> </u>
d		_ [		1		<u> </u>
е						
-	Subtotal (add columns (B), (D), and (E))					5981.060
	Total (add line 104, columns (B), (D), and (E)) .				. 598	7/066-
Note	Line 105 plus line 1d, Part I, should equal the	amount on line 1:	2, Part I.		<del>,</del>	
Par	Relationship of Activities to the Acc	omplishment of	Exempt Purp	oses (See Sp	ecific Instruction	ns on page 30.)
Line	No. Explain how each activity for which income	is reported in colun	nn (E) of Part VII	contributed in	portantly to the	accomplishment
	of the organization's exempt purposes (other				, , , , , , , , , , , , , , , , , , , ,	
43	A COLLECTION OF FEES TO	CONDUCT	ACTIVITI	es WH	ICH ENA	BIE
-45-	EACH ADVISORY COUNT	C11 Tu F	HOTHER	THE	e GOAL	
	OF COMMUNITY- RE		UK / II UK		<u> </u>	
	101 common 11gt the	004110100				
		<del></del>			<del></del>	<del></del>
	···			<del></del>		
	····					
	<del></del>					
	<del></del>		<del></del>			
		<del></del>			<del></del>	
िन्हार	Information Regarding Taxable Subsi		egarded Entiti	es (See Spec		<del></del>
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a	ctivities	(D) Total income	(E) End-of-year
		vnership interest	Nature of a		Total income	assets
	N//Ł	%				
		%				
		%	<del></del>	<del> </del>		1
		%				
		ım, includi	ng accompanying :	chedules and sta	tements, and to the	best of my knowledge
		rer (other	than officer) is base	ed on all informat	on of which prepare	er has any knowledge.

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization ASSOCIATED RECREATION	POUNCH - GROCK	RETURN	Employer identification	Non number フィフハ /
Part I Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees Ot	her Than Office	ers, Directors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week dovoted to position		(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
;				•
		<u> </u>		
***************************************	·			
		<del> </del>		
				<del></del>
		<del></del>		
	·			
Total number of other employees paid over \$50,000	NONE			
Part II Compensation of the Five High	est Paid Independent (			
(See page 1 of the instructions, Lis	t each one (whether indiv	riduals or firms).	lf there are none.	enter "None.")
(See page 1 of the instructions. List			If there are none, of service	enter "None.") (c) Compensation
				<del></del>
				<del></del>
(a) Name and address of each independent contractor				<del></del>
(a) Name and address of each independent contractor				<del></del>
(a) Name and address of each independent contractor				<del></del>
(a) Name and address of each independent contractor				(c) Compensation
(a) Name and address of each independent contractor				(c) Compensation
(a) Name and address of each independent contractor				(c) Compensation
(a) Name and address of each independent contractor				(c) Compensation
(a) Name and address of each independent contractor				(c) Compensation

Fa	Note: You may use the worksheet in					
Cale	ndar year (or fiscal year beginning in) . ▶	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do					
40	not include unusual grants. See line 28.).	<del> </del>		1 2 7 7 7 8 8		1 73 3
16	Membership fees received	<u> </u>				<del></del>
17	Gross receipts from admissions, merchandise sold or services performed; or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose				·	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	·				
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	·	·	·		
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22		·			
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26 b	Organizations described on lines 10 or 11: Attach a list (which is not open to public inspectors on (other than a governmental unit or public 1998 exceeded the amount shown in line 26a.	ction) showing the	s name of and ar anization) whose	mount contributed total gifts for 1995	by each through • 26b	
C	Total support for section 509(a)(1) test: Enter li	ne 24, column (e)			. ▶ 26c	יינוניוניוניוניוניוניוניוניוניוניוניוניו
d	Add: Amounts from column (e) for lines: 18 22				▶ 26d	
e	Public support (line 26c minus line 26d total)				▶ 26e	L
	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denom	inator))	► 26f	%
27	Organizations described on line 12: a For person," attach a list to show the name of, and of such amounts for each year:	or amounts includ I total amounts re	ded in lines 15, ceeived in each y	16, and 17 that we ear from, each "dis	ere received from squalified person	m a "disqualified n." Enter the sum
	(1998) (1997)		. (1996)		(1995)	
b	For any amount included in line 17 that was re received for each year, that was more than the organizations described in lines 5 through 11, and the larger amount described in (1) or (2), and the larger amount described in (1) or (2), and the larger amount described in (1) or (2), and the larger amount described in (1) or (2), and (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (1) or (2), and (3) are the larger amount described in (4) or (2), and (4) are the larger amount described in (4) or (4) are the larger amount described in (4) or (4) are the larger amount described in (4) are t	ne larger of (1) the as well as individual	he amount on lir luals.) After com	ne 25 for the year puting the different	or <b>(2)</b> \$5,000. (I ce between the	nclude in the list amount received
	(1998) (1997)	•••••••	. (1996)		(1995)	<del>-</del>
c	Add: Amounts from column (e) for lines: 15		16	<del></del>	▶ 27c	· ·
d	Add: Line 27a total	and line 27b tota			▶ 27d	
. e	Public support (line 27c total minus line 27d to					
f	Total support for section 509(a)(2) test: Enter a	mount on line 23	, column (e)	▶   271		
g	Public support percentage (line 27e (numera				► 27g	%
<u></u> <u>h</u>	Investment income percentage (line 18, colu					%
28	Unusual Grants: For an organization describe	ed in line 10, 11,	or 12 that recei	ved any unusual g	rants during 199	95 through 1998,

Private School Questionnaire (See page 4 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(10 be completed of L1 by sense is that once the box of time of it is a little of		
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	9	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	1	
32 a b	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	2d	
33	Does the organization discriminate by race in any way with respect to:		
а	Students' rights or privileges?		-
b	Admissions policies?		-
C	Employment of faculty or administrative staff?		1
a	and the state of t		+
f	Use of facilities?		
9		39	
h	Other extracurricular activities?	3h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	la	+
b	Has the organization's right to such aid ever been revoked or suspended?	4b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nonuiscrimination? If "No," attach an explanation	5	

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$\overline{}$	idule A (Form			<del></del>		<del></del>	Page 3
Pa	rt VI-A	Lobbying Expenditures by El (To be completed ONLY by an				instructions.)	
Che	ck here ▶	a [] if the organization belongs (					<del></del>
Che	ck here 🕨	b if you checked "a" above a			oly.	<u> </u>	
:		Limits on Lobbyi				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total Johi	bying expenditures to influence public		<del></del>	36	<del></del>	
37		bying expenditures to influence a legis			37		
38		oving expenditures (add lines 36 and			38		
39		· • · · ·	•		39		
40	Total exe	mpt purpose expenditures (add lines	38 and 39). ,		40		l Tititititititi.
41		nontaxable amount. Enter the amount		_			
			bbying nontaxal				
		\$500,000					
	-	0,000 but not over \$1,500,000 \$175,00	•				
		10,000 but not over \$17,000,000 .\$225,00	•		0,000   777777		
					1 (//////		
42		ts nontaxable amount (enter 25% of I			42	<del></del>	
43		line 42 from line 36. Enter -0- if line 4				<del></del>	<del></del>
44	Subtract	line 41 from line 38. Enter -0- if line 4	11 is more than li	ne 38	44		
	Caution:	If there is an amount on either line 43	3 or line 44, you i	must file Form 47.	20.		
	<del> </del>	4-Year Av	eraging Perio	d Under Section	on 501(h)		
	(\$6	ome organizations that made a section See the instructions	n 501(h) election	do not have to c	omplete all of the	five columns be s.)	ilow.
			Lot	obying Expenditu	res During 4-Yea	ar Averaging Pe	riod
		year (or er beginning in) ►	(a) 1999	(b) 1998	<b>(c)</b> 1997	(d) 1996	(e) Total
45	Lobbying	nontaxable amount					
	2027,5						
46	Lobbying	ceiling amount (150% of line 45(e)).					· 
47	Total lobb	oying expenditures		}		<u>.</u>	
48_	Grassroot	s nontaxable amount , , , , ;				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 
49	Grassroot	s ceiling amount (150% of line 48(e))					
50	Grassroot	ts lobbying expenditures					-
Pa	rt VI-B	Lobbying Activity by Noneled (For reporting only by organization	cting Public C tions that did	<b>harities</b> not complete F	Part VI-A) (See	page 8 of the	instructions.)
		, did the organization attempt to influ				ny Yes No	Amount
alte	mpt to influ	ence public opinion on a legistative n	natter or referenc	lum, through the	use of:	-	
а						·	
þ		or management (Include compensati		-	through h.) .	· · <del>     </del>	
4		vertisements	•			• • }}	
d e	-	to members, legislators, or the public ins, or published or broadcast statem				• •	<del></del>
f		other organizations for lobbying purp					
g		ntact with legislators, their staffs, gov		, or a legislative b	ody		
'n		emonstrations, seminars, conventions					
i		oying expenditures (add lines c through				<i>!!!!!!!!!!!</i>	L
	16 457 11 4						

Par				ansfers To and Transaction e page 8 of the instruction			uge o
51				indirectly engage in any of the			ection
				(1(c)(3) organizations) or in secti		organizations?	No
a		<b>.</b> .	= -	to a noncharitable exempt orga	anization of:		No.
	• •					51a(i)	$\Leftrightarrow$
		Other assets		· · · · · · · · · · · ·		<u>a(ii)</u>	
þ		er transactions:				1.70	
				noncharitable exempt organiza		<u>b(i)</u>	$\langle \cdot \rangle$
				itable exempt organization		<u>b(ii)</u>	
				ner assets		(b(iii)	
		Reimbursement a	_			<u>b(iv)</u>	$\langle \cdot \rangle$
						<u>b(v)</u>	$\Leftrightarrow$
				ship or fundraising solicitations		<u>b(vi)</u>	$\Leftrightarrow$
				sts, other assets, or paid emplo			
d	9000	ds, other assets, or	services given by th	complete the following schedule. le reporting organization. If the or a column (d) the value of the good	ganization received less than	fair market value in anv	the
(a	1)	(b)	Ì	(c)	l	(d)	
Line	no.	Amount invoived	Name of none	charitable exempt organization	Description of transfers trans	actions, and sharing arrangem	ents
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	desc	cribed in section 50	ectly or indirectly 01(c) of the Code ( following schedule	affiliated with, or related to, or other than section 501(c)(3)) or :	ne or more tax-exempt orgin section 527?	anizations ▶ ☐ Yes 🂆	No.
		(a)		(b)		(c)	
		Name of organiz	zation	Type of organization	Description	n of relationship	
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## ATTACHMENT 1

Associated Recreation Council Group Return 100 Dexter Ave. N Seattle, WA 98109.

Federal I.D. No. 91-1161701

## List of Officers, Directors, Trustees, and Key Employees

·			•	
(A)Name.and Address	(B)Title and Average hours per week devoted to position	(C)Compensation	(D)Contributions to employee benefit plan &deferred compensation	(E)Expense Acct. and other allowances
Jackie Ramels 5722 SW Admiral Way Seattle, WA 98116	President 3 Hours	0		0
Julie Morse 15122 46th PI W. Lynnwood, WA 98037	V. President 1 Hour	Ö	0	0
Anna Martin 5418 57th Ave S Seattle, WA98118	Secretary 1 Hour	. 0	0	0
Paul Silva P.O. Box 926 Bothell, WA 98041	Director 2 Hours	0	0	.0
Thom Langley 10115 Greenwood Ave. N, #254, Seattle, WA 98133	Director 1/2 Hour	0	0	0
Art Johnson 18104 NE 197th PI. Woodinville, WA 98072	Director 1/2 Hour	. 0	0	0
Cheryl L. Dyer 1743 NW 61st Seattle, WA 98107	Director 1/2 Hour	9	0	·, 0
Edward Hiroo 25913 141th Ave. SE Kent, WA 98042	Director 1/2 Hour	0		· 0

•		•		
(A)Name and Address	(B)Title and Average hours per week devoted to position	(C)Compensation	(D)Contributions to employee benefit plan &deferred compensation	(E)Expense Acct. and other allowances
Sandra Jeffcoat 1735 S. Pearl St. Seattle, WA 98108	Director 1/2 Hour	. 0	0	0
Cleo Peifer 4746 Delridge Way SW Seattle, WA 98106	Director 1/2 Hour	0	0	0
Bruce Bentley 1613 SW Austin Seattle, WA 98106	Director 1/2 Hour	. 0	0	.0
Beverly Anderson 3730 S 148th St., Apt.4, Tukwila, WA 98168	Director 1/2 Hour	0	0	0
Susan Harmon 7958 32nd Ave. SW Seattle, WA 98126	Director 1/2 Hour	. 0	0	0
Raymond E. Mason 5147 S. Leo St. Seattle, WA 98178	Director 1/2 Hour	0	0	0
William Lowe 2107 E. Republican Seattle, WA 98112-4003	Director 1/2 Hour		0	0
Bill Keller c/o Associated Rec. Council, 100 Dexter Ave. N	Executive Director 10 Hours	0	0	

Seattle WA 98109

## ATTACHMENT 2

Associated Recreation Council Group Return 100 Dexter Ave. N Seattle, WA 98109.

Federal I.D. No. 91-1161701

Tax Number	(A)Name of Supported Organization	(B)Box No.
51-0209850	Sports Advisory Council	13
51-0208294	Jefferson Advisory Council	13
51-0208300	Camp Long Advisory Council	13
51-0208303	Southwest Advisory Council & Pool	13
51-0208304	Langston Hughes Advisory Council	13
51-0208305	Miller Advisory Council	13
51-0208306	Garfield Advisory Council & Pool	13
51-0208308	Alki Advisory Council & Pool	13
91-0863529	Special Programs Advisory Council & Pool	. 13
51-0208310	Rainier Beach Advisory Council & Pool	13
51-0208365	Rainier Advisory Council	13
51-0208311	Ballard Advisory Council & Pool	. 13
51-0208316	Loyal Heights Advisory Council	13
51-0208319	Magnolia Advisory Council	13
51-0208322	Queen Anne Advisory Council & Pool	13
51-0208328	Hiawatha Advisory Council	13
51-0208332	Senior Adults Advisory Council	13
51-0208336	Meadowbrook Advisory Council & Pool	13
51-0208342	Van Asselt Advisory Council	13
51-0208348	High Point Advisory Council	13
91-1186082	Discovery Park Advisory Council	· 13
51-0208352	Delridge Advisory Council	13
51-1186088	Laurelhurst Avisory Council	· 13
51-0208357	South Park Advisory Council	13
91-1177413	Bitter Lake Advisory Council	13
91-0910917	Music Advisory Council	· · 13
91-1186085	Green Lake Advisory Council & Pool	13
91-1186084	Hutchinson Advisory Council	13
91-1351757	Ravenna-Eckstien Advisory Council	13
91-1186091	Tennis Advisory Council	13
91-1209760	Seattle Canoe Club Advisory Council	· 13
91-1190194	Seattle Rowing Advisory Council	13
91-0987497	Montlake Advisory Council	, 13
91-1558922	Yesler Advisory Council	13
91-1293949	Boating Advisory Council	. 13
91-3208854	Carkeek Park Advisory Council	13

## ATTACHMENT 3

Associated Recreation Council Group Return 100 Dexter Ave N Seattle, WA 98109

Federal I.D. No. 91-1161701

## Other Liabilities

## Payroll Taxes

FICA/Medicare Payable Washington State Unemployment Washington State Industrial Insurance	(536) 16,024 <u>29,515</u>
	45,003
Washington State Sales Tax Collect	10,938
Total Other Liabilities	<u>55,941</u>